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General History

The Post-War MEDICAL OFFICE

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With the establishment of the Central Intelligence Agency, it was quickly apparent that a new type of medical support would have to be developed. Largely because of security aspects, the traditional sources and avenues of professional services would have to be modified to conform to the over-all concept of good security. With this as a background the Medical Office was established early in 1946. In the beginning it was under the T/O of the Personnel Office and was assigned the responsibility of providing medical support for the two major categories of Agency function, the Headquarters and overseas offices.

The effort to keep personnel at home as fit as possible and to assure that those going overseas were suitably prepared for the rigors they might encounter has required a considerable expansion of medical facilities. The problem may be better visualized if it is realized that medical support may require anything from a simple bandaid to the building and complete staff of a hospital overseas.

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25X9 In 1946, with a staff of [REDACTED] Headquarters consisted of a dispensary on the second floor of a garage building near "Q" Building and a few health rooms located in other Agency buildings. At that time there were [REDACTED] civilian nurses and [REDACTED] Army technical personnel. The bulk of professional duties were carried on by an average of 2 medical officers.

Only one phase of the medical mission was developed at that time, referred to as Technical Services, which processed all personnel not under deep cover going overseas or coming on board. Physical examinations were performed. Immunization procedures were established for overseas personnel. Proper documentation of these

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[REDACTED]

Agency needs, which would weigh the comparative vitality of ^Nslightly infirm applicant against his ability to fill a sensitive post of especial interest. Many such questions arose and a "Modus Operandi" was evolved which has been subjected to but little revision.

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In 1947 about [REDACTED] physical examinations were performed,

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[REDACTED] out-patient visits were treated
in the dispensary for one ailment or another.

The Medical Office must conform to Public Law 658, covering the treatment of Federal employees in this country, which limits the Government physician to treating cases of minor or emergency illnesses and injuries incurred in the line of duty. All other cases are referred to private physicians for treatment. However, because of the security aspect, we now attempt to establish full medical support for our overseas personnel, subject to the request of the Operations Offices.

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In 1948 the Army personnel were gradually replaced by civilians with a permanent staff of [REDACTED] Late in 1948 the Headquarters office and the dispensary were moved into the west wing of the first floor of Central Building. Here were located a pharmacy, X-ray room, examining rooms, a technical laboratory and office space.

To coordinate activities with other Government agencies, the medical program of this Agency obtained the approval of the United
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States Public Health Service, the Bureau of Employees Compensation and the Army and Navy in 1949.

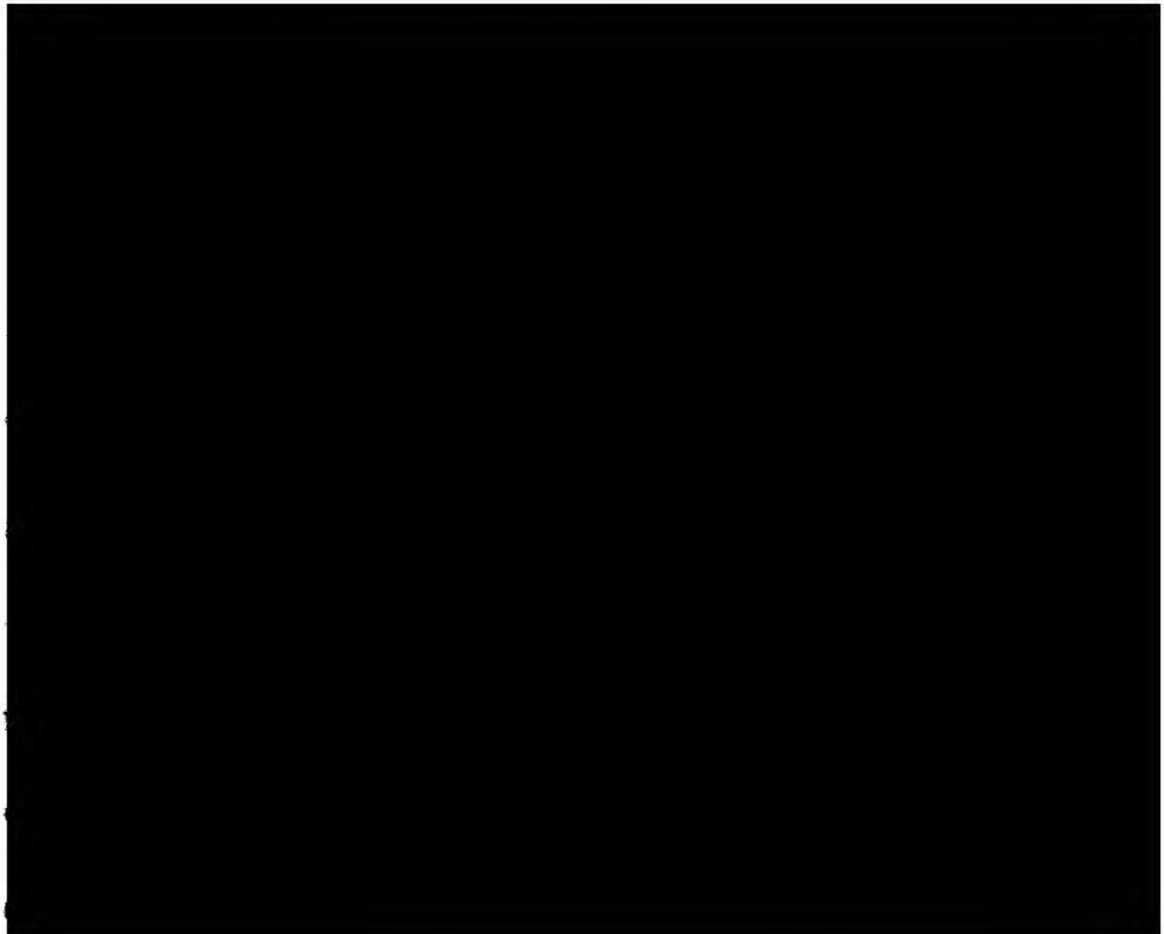
The first rumblings from overseas indicating the need for medical support in the field were heard in 1949. Even before the Overseas Medical Support Program was developed, the Medical Office found itself engaged in the dual occupations of caring for employees in much the same manner as is done in private industry and at the same time conducting a semi-military program for the military personnel. Throughout the entire pattern of medical support ran the ever-present need for strict security precautions. Psychiatric patients returning

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By early 1950 it became apparent that the deployment of large groups to widely dispersed stations would involve a considerable amount of medical guidance and support. The Special Support Division was activated in August 1950 to advise the Operations Offices and to screen their requests in addition to actually supplying overseas medical facilities. Office space for this Division was obtained in "K" Building.

The problem of recruiting qualified medical officers was aided

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by the physicians draft. Services of a medical consultant were obtained to recruit doctors from all over the country. Doctors expecting orders to active duty were contacted, and orders were stopped on those found to be mutually acceptable for Agency employment. A special recruiter was utilized to obtain medical technicians and corpsmen with the necessary background. At that time the Agency had no program for training or giving refresher courses to those men, but they were sent directly into the field.

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During 1950, [REDACTED] physical examinations were performed in the dispensary. Out-patient visits to the dispensary had increased to

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[REDACTED]

The opening of the Korean conflict threw new and varied responsibilities on the Medical Office. The tempo of activity in the Agency increased almost daily and was reflected in the increased support activities of the Medical Office. Medical supplies were obtained, packaged and shipped overseas. Covert and non-covert medical officers and corpsmen were recruited and assigned to projects in the field.

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Plans were developed for three, five and ten-bed hospitals and small dispensaries. At that time the greatest demands were coming from FE, WE and EE. It was necessary to make inspection tours and to establish liaison and rapport with the stations in the field. Personal conferences with the medical personnel at these sites were mutually valuable and brought the Medical Office a more intimate understanding of its mission in sending full medical support to our stations in the field.

Recruitment and assignment to the field of medical officers and corpsmen was stepped up. There was a great expansion from the original T/O of 2 doctors, 3 nurses and 5 corpsmen. The first medical officer departed for an overseas station in March 1951 and the first corpsman in May 1951. These have been followed by other intermittently ever since. To weld together all the diverse activities of the Medical Office and supply liaison function for use outside of the Agency, the Program Coordination Division was activated in February 1951. The three main branches of this division deal with training, research

Medical manuals were written. Research projects were undertaken.

All of this was to further develop the medical support of an intelligence organization.

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During 1951 [REDACTED] physical examinations were performed.

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[REDACTED] out-patient visits to the dispensary were handled.

A medical officer was obtained in March to devote full time to the Technical Services Division and two nurses and three corpsmen were added to assist him.

With this expansion of activities and growing problems in administration, personnel and supply it became apparent that the establishment of an Administrative Services Division was a necessary step. This was accomplished in August 1951. Advice and guidance on administrative matters from the other three divisions was turned over to this newly created division. It assumed the duties of personnel, selection and recruitment and timed their entrance-on-duty with the needs of projects in the field or in Headquarters. All matters of supply were assigned to this division, both overseas and Headquarters. As an administrative

filter center it could review the activities of the other divisions from an administrative standpoint and from that anticipate its own needs in the realm of recruitment and supply.

The last division established on the Medical Office T/O, the psychiatric Division, will begin to function on 1 July 1952. As a result of the increased activity in the Agency, psychiatric cases have been an increasing problem. To handle these psychiatric cases, and more importantly to screen from a psychiatric aspect all people entering the Agency, this last division has been activated. Where we previously had only the service of a psychiatric consultant, we now will have a full-time staff. It is an indication of the level of Agency maturity the Medical Office has attained.

The tiny quarters over the garage in which the Medical Office first functioned produced a bottleneck in operating efficiency that resulted in the movement to Central Building. However even the new quarters quickly seemed to grow smaller and smaller. New and more efficient X-ray machines were installed. Diagnostic aids such as the electrocardiograph and basal metabolism equipment were added.

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New diagnostic laboratory tests were added. At present the Medical Office occupies almost the entire first floor of Central Building. This includes the Headquarters area, as well as divisions of psychiatry, Administration, Program Coordination and Technical Services. More floor space was obtained for the expanded operations of the Special Support Division in "K" Building and a new training area for medical technicians has been obtained.

The years between 1946 and 1952 have witnessed a substantial increase in the incidence of tropical diseases, psychiatric and the routine illnesses in overseas returnees. With the gradual growth of medical personnel overseas, most of these conditions will be cared for overseas. Largely because of security aspects, psychiatric disorders must be handled stateside.

The basic policy of the mission of the Medical Office has been maintained throughout and by-and-large the timing of Medical Office activities has been in tune with the activities of the rest of the Agency.

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This office expects to continue to give full-hearted support to the Agency in any way that the specialized professional skills of its personnel can be of use to an intelligence organization.

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OFFICE OF THE CHIEF

**Technical
Services
Division**

**Program
Coordination
Division**

**Psychiatric
Division**

**Administrative
Services
Division**

**Special
Support
Division**

(The Dispensary)

**Physical
Standards
Br.**

**Nurse
Branch**

**Technical
Branch**

**Liaison
Branch**

**Research
Branch**

**Training
Branch**

**Selection
Branch**

**Clinical
Branch**

**Supply
Branch**

**Admin.
Branch**

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